

CORRECTION #1

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1066072

Form ACO-1
June 2009Form Must Be Typed
Form must be Signed
All blanks must be FilledWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33739
 Name: SEK Energy, LLC
 Address 1: 149 BENEDICT RD
 Address 2: PO BOX 55
 City: BENEDICT State: KS Zip: 66714 +
 Contact Person: Kerry King
 Phone: (620) 698-2150
 CONTRACTOR: License # 33739
 Name: SEK Energy, LLC
 Wellsite Geologist: n/a
 Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
- CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: Veldes Energy Venture
 Well Name: Noah #3
 Original Comp. Date: 04/25/1985 Original Total Depth: 900
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW

Plug Back: 710 Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

11/07/2007 11/07/2007
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-205-22523-00-01

Spot Description: _____
SE NW NW NE Sec. 11 Twp. 29 S. R. 16 East West
495 Feet from North / South Line of Section
3135 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SW

County: Wilson
 Lease Name: NOAH Well #: 3
 Field Name: _____

Producing Formation: Cherokee Basin CBM
 Elevation: Ground: 869 Kelly Bushing: 0
 Total Depth: 900 Plug Back Total Depth: 882
 Amount of Surface Pipe Set and Cemented at: 50 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: 882
 feet depth to: 0 w/ 128 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls
 Dewatering method used: _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License #: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

 Letter of Confidentiality Received

Date: _____

 Confidential Release Date: _____ Wireline Log Received Geologist Report Received UIC DistributionALT I II III Approved by: Deanna Garrison Date: 10/25/2011



1066072

Operator Name: SEK Energy, LLC Lease Name: NOAH Well #: 3
 Sec. 11 Twp. 29 S. R. 16 East West County: Wilson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Radioactivity Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Oswego Lime</td> <td>578'</td> <td>+292'</td> </tr> </table>	Name	Top	Datum	Oswego Lime	578'	+292'
Name	Top	Datum					
Oswego Lime	578'	+292'					

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	10.5	7.25	14	50	Portland	15	
Production	6.75	4.5	9.5	882	50/50 Poz.	128	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	-			
	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	15 Shots at 614-619'	200gal 15%HCl, 10,920gal water,	614-619'
4	13 Shots at 615-619'	2500# 20/40 sand, 2400# 12/20 sand	615-619'

TUBING RECORD: Size: 2 3/8" Set At: 660.55' Packer At: n/a Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 11/07/2007
 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____
 Estimated Production Per 24 Hours: Oil Bbls. 0 Gas Mcf 30 Water Bbls. 20 Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: NOAH 3

API/Permit #: 15-205-22523-00-01

Doc ID: 1066072

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	05/19/2011	10/25/2011
Date Reached TD	01/22/1982	
Ground Surface Elevation	870	869
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=11&t495	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=11&t3135
Number of Feet East or West From Section Line		
Quarter Call 1 - Largest	NW	NE
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1056041	../kcc/detail/operatorEditDetail.cfm?docID=1066072